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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------------------------------------------------------------------------------------------------------------------------------|---|
| Substitute for form 1449/PTO | | <div style="text-align: center;">Complete If Known</div> <div>Application Number</div> <div>10/663,487-Conf. #2429</div> | |
| <div style="text-align: center;">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</div> <div style="text-align: center;"><i>(Use as many sheets as necessary)</i></div> | | <div>Filing Date</div> <div>September 16, 2003</div> | |
| | | <div>First Named Inventor</div> <div>Joseph P. Errico</div> | |
| | | <div>Art Unit</div> <div>3738</div> | |
| | | <div>Examiner Name</div> <div>B. E. Pellegrino</div> | |
| | | <div>Attorney Docket Number</div> <div>SPINE 3.0-437 SPINEX-500-000001-CON-11</div> | |
| Sheet | 2 | of | 2 |

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|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.